ACI NSW Agency for Clinical Innovation

CONSUMER INFORMATION

Best practice care for people with acute low back pain

Musculoskeletal Network

Information contained in the model of care includes national and international recommendations for the care for people with acute low back pain. The model of care is available at: https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0007/336688/acute-low-back-pain-moc.pdf

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Introduction

This guide describes best practice care for people with acute low back pain.

It is a summary of the model of care for the *Management of people with acute low back pain*, which guides health professionals in providing healthcare that helps people with acute low back pain to improve their lives. The model of care focuses on reducing pain and physical limitations, and improving back function as well as other symptoms.

This version has been written specifically for people with acute low back pain.

To begin with, it is important to clarify a few key ideas:

What is acute low back pain?

- This is pain felt in the lower part of the back which has lasted less than three months. Pain that lasts longer than three months is called chronic low back pain. This document focuses on acute low back pain.
- Acute low back pain is very common, with up to four in five people in Australia experiencing it at some point in their lives.[1]
- Chronic pain is different from acute low back pain. For more information about chronic low back pain, see: http://www.aci.health.nsw.gov.au/chronic-pain.

> Back pain is very common and can be extremely painful. But there is good news...

What is a model of care?

- A model of care describes the way health services are delivered.
- It outlines the best approach to healthcare for people as they progress through the stages of a condition.
- It aims to ensure that people get the right care, at the right time, in the right place and by the right team.

Who developed the acute low back pain model of care?

The NSW Agency for Clinical Innovation (ACI) developed the model of care through its Musculoskeletal Network and other key partners. The ACI is part of the NSW health system. It works with clinicians, consumers and managers to design and promote better healthcare.

Who wrote this version of the model of care for people with acute low back pain?

The ACI Musculoskeletal Network set up a team to develop this version of the model of care. The team included people who have experienced low back pain and doctors, nurses, physiotherapists and other health professionals.

This guide is divided into three sections:

SECTION 1
The 10 key principles for the management of people with acute low back pain

SECTION 2
An ideal personal experience

SECTION 3
Frequently asked questions and further reading

[1] https://www.ncbi.nlm.nih.gov/pubmed/19413521

Section 1

The 10 key principles for the management of people with acute low back pain

Your healthcare professional will follow these 10 key principles in managing acute low back pain.

Principle 1: Assess the problem

Your healthcare professional will assess your acute low back pain by asking about your symptoms and your medical history, and performing a physical examination. **X-rays and scans are not usually required for a diagnosis at this stage.**

Principle 2: Work out the amount and type of treatment required

The recovery process is different for each individual, and your healthcare professional may use resources such as checklists and flow charts to decide whether you are likely to recover from acute low back pain slowly or quickly. Certain beliefs about back pain, and fears that may occur when the pain begins, may slow down the recovery process. Your health professional will take your concerns into account as they guide you towards appropriate treatments and support.

Principle 3: Back pain education

Your healthcare professional will have a one-on-one discussion with you about your pain and self-management strategies. They will also give you educational material with information about low back pain.

Principle 4: Encourage physical activity

Healthcare professionals encourage people with acute low back pain to stay as active as possible and resume their normal activities in a staged approach. Physiotherapists, nurses and some other health professionals are trained to help you be active.

> “A common myth is that bed rest will cure back pain. In fact, bed rest slows down the recovery period and can lead to more pain.”

Principle 5: Begin with simple pain medicines

Simple over-the-counter painkillers are the best option for pain relief. Your healthcare professional will make sure the medications are safe for you, as some can have negative side effects for some people. Avoid strong medicines like morphine because they don’t fix the underlying problem, often have negative side effects, and do not help you recover more quickly.

Principle 6: Use complex medicines carefully

Sometimes simple medications are not enough, especially when the back pain is severe and radiates down the legs. In these cases, your health professional may recommend other medications to reduce the leg pain and help you move more comfortably.

Principle 7: Develop a goal-oriented plan of care

Given the close relationship between what people believe about pain and how they respond to it, your healthcare professional will work with you to develop a plan to enhance recovery. This may mean addressing common fears or misconceptions about back pain treatment. Both you and your healthcare professional will need to agree to the plan.

> People often feel that healthcare workers are trying to save money by avoiding ordering scans, but this is not the case.

Principle 8: Only order scans or X-rays if medically required

Most people with acute low back pain do not require scans and X-rays. Healthcare professionals can make a safe and correct diagnosis by asking about symptoms and performing a physical examination. If there are any worrying signs or symptoms (these are called 'red flags'), then your healthcare professional will order a scan. **However, healthcare professionals should not order scans or X-rays if there are no worrying features.**

There are a few reasons for this important recommendation:

- It is best to avoid unnecessary radiation for people who may not need a scan or X-ray.
- Most people have normal variations in their back structure which can be seen on scans of the back. Unnecessary scans can lead to these normal variations being blamed for the back pain, which can lead to more confusion and unnecessary tests. In these cases, the findings of the scan or X-ray will make no difference in treatment.
- Terms used in scan and X-ray reports need to be explained and interpreted by healthcare professionals. Otherwise, they can cause unnecessary anxiety for many people and can lead to more unnecessary tests.
- It is important to focus on recovery rather than scans and X-rays.

In summary, the model of care recommends that healthcare professionals only order scans or X-rays when there is evidence of a worrying underlying problem. Healthcare professionals are well trained to look for these problems.

Principle 9: Organise regular follow-up appointments

People with acute low back pain should be reviewed regularly to make sure they are recovering and feel supported during this episode of pain. The recommended review times are at 2, 6 and 12 weeks. At each of these reviews, your pain and any issues that may be delaying recovery will be assessed. If you are not improving, your treatment plan will be changed accordingly.

Principle 10: Refer to specialists in a timely manner

It usually takes up to 12 weeks to recover from acute low back pain. If you have not recovered after 12 weeks, you should be reviewed again by your doctor, who will consider if specialist musculoskeletal assessment and treatment are required.

Section 2

The ideal patient experience

Keith's story

I am 68 years old and for the past five years I have been troubled on and off by osteoarthritis in both knees. But I know I am very lucky as I have had wonderful support from my doctor, Ruth, since the first day I saw her with my pain. Every time I now see Ruth, even after all these years, she asks me of my progress and checks on my ability to work through painful times. I feel very well cared for and really she doesn't need to do this as I have long ago determined my actions when I have a flare-up of my knee pain.

I was very surprised and a little annoyed (if I'm honest) when I first saw Ruth with this episode of back pain. Like most people I had occasional twinges in my back in the past, for example when I moved house, but nothing that lasted more than a day or two. But this was quite different; the pain was awful and I could hardly move when it first started. When I went to see Ruth she did check me over and on reflection I could tell she was being methodical during this examination. But at the end she advised me that the best thing to do was to start taking Panadol regularly throughout the day, and keep up with most of my normal day activities.

She told me I wasn't to lie down except for my normal sleep. Well… not even an X-ray? Surely this could help diagnose the cause? No scan? No specialist doctor? Ruth explained this could be done but all experts, including the specialists, now know that in most cases this is not required. Of course she said she needed to check on my progress in the next few weeks and if I wasn't progressing we would certainly consider which health professionals I may need.

OK! I decided I would try what Ruth suggested knowing that she would re-consider the plan when she checked on me in two weeks. It wasn't easy but I was determined to stick with our agreed plan. I could do this for two weeks… and she did tell me to phone her if I needed to before I saw her again.

I had to admit that the next time I saw Ruth my pain was easing considerably and I could see improvement day by day. I have to say I was really surprised, but gee it was good to know I didn't have to see a specialist or start spending money on expensive tests. I was out of the woods for now. Ruth suggested I now see a physiotherapist who she said would support me to start exercising and guide me through any set-backs. Leonie would help me know how to identify early episodes of my pain and support me working out what worked best for me to help alleviate the problem early.

During the first few sessions with Leonie I started to ease off on the Panadol and found I could omit these altogether after about a month. Amazingly, I had started to lose a bit of the weight I had abhorred for the past couple of years. Thank goodness I was now in control and responsible for keeping my back happy. I knew this wasn't the end of my troubles but have found I know what to do early and have Ruth and Leonie still working in my neighbourhood to call in for moral support if I need it.

> "Keith had a thorough physical examination and history taken. Good quality education was provided and imaging not undertaken. Self-management techniques were instituted. Follow-up appointment was provided."

Section 3

Frequently asked questions and further reading

How long will my back pain last?

Most back pain episodes settle down within a few weeks. However, every person is different so do not be surprised if it takes up to 12 weeks to recover completely. Some people take longer than this, and it is important to keep seeing your healthcare professional during this period.

What is the cause of my back pain?

Most back pain is caused by minor strains, which can be very painful. Your health professional will also look out for signs of any serious causes of back pain. If any serious causes are suspected, then you will have tests for these. Your back is one of the strongest structures of the body and it is very rare for people to do permanent damage to their back.

Should I avoid moving or activity when I have back pain?

Gentle movement will help your back pain settle, and your back gets stronger with movement. Think of gentle movement as a lotion for your back. While your back is returning to normal function, you may temporarily have a reduced range of back movement and an associated feeling of muscle tightness. This tightness and pain are made worse by inactivity, lack of sleep, stress, worry and low mood.

Instead of focusing on the pain, try to focus on your recovery. The brain acts as an amplifier, the more you worry and think about your pain, the worse it gets.

Do I need to see a specialist?

General practitioners are very experienced in managing back pain. Your doctor and physiotherapist have access to the over-arching model of care document, which has all the background information supporting the recommendations contained in this resource. If you have not recovered after 12 weeks, you should be reviewed again by your doctor, who will consider if specialist musculoskeletal assessment and treatment are required.

Where can I find more information?

There are many good resources to find further information. These include:

- a YouTube video, **Low Back Pain**, found at: http://www.youtube.com/watch?v=BOjTegn9RuY
- the **Pain Health Website**, found at: https://painhealth.csse.uwa.edu.au/pain-module/low-back-pain/
- the **Better Health Channel** website, found at: https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/Back%20pain
- PAIN-ED is a site where you can find lots of information
- information about the management of chronic pain, found at: https://www.aci.health.nsw.gov.au/chronic-pain

You can read the full model of care, *Management of people with acute low back pain*, found at: https://www.aci.health.nsw.gov.au/resources/pain-management/acute-sub-acute-pain/acute-low-back-pain-model-of-care

You can ask your **healthcare professional** for local resources that may reveal some opportunities for you to better manage the health of your back.

Personalised care plan for your back

My name is:

I developed this plan with *(person who is supporting you manage your back pain)*:

Date we originally developed this plan:

My problem is:

What I want to achieve:

What I need to do to get there:

Lifestyle changes

What lifestyle changes do I need to make to improve my back health? e.g. quit smoking, weight loss

Change No.1:

Can I do it?

If so, how will I achieve this?

Did I succeed? If so when was that?

Change No.2:

Can I do it?

If so, how will I achieve this?

Did I succeed? If so when was that?

Exercises and activity I will undertake

Date	What	Achieved?

What medicines do I need to take?

Date prescribed	Medicine	How to take this medicine	What to be careful about	Date I stopped taking this medicine

Mythbusters – fact sheets

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